
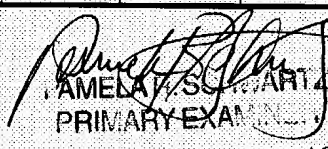



|  |                    |                 |  |
|--|--------------------|-----------------|--|
| <b>Issue Classification</b><br> | Application No.    | Applicant(s)    |  |
|  | 09/937,099         | HASEGAWA ET AL. |  |
|  | Examiner           | Art Unit        |  |
|  | Pamela R. Schwartz | 1774            |  |

| ISSUE CLASSIFICATION   |          |   |        |   |                                   |       |      |                          |                 |  |
|--|----------|---|--------|---|-----------------------------------|-------|------|--------------------------|-----------------|--|
| ORIGINAL   |          |   |        | CROSS REFERENCE(S)  |                                   |       |      |                          |                 |  |
| CLASS  | SUBCLASS |   |        | CLASS   | SUBCLASS (ONE SUBCLASS PER BLOCK) |       |      |                          |                 |  |
| 428  | 32.21    |   |        | 428   | 32.14                             | 32.26 | 32.3 |                          |                 |  |
| INTERNATIONAL CLASSIFICATION   |          |   |        |   |                                   |       |      |                          |                 |  |
| B4   | I        | M | 005/00 |   |                                   |       |      |                          |                 |  |
|  |          |   | /      |   |                                   |       |      |                          |                 |  |
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|  |          |   | /      |   |                                   |       |      |                          |                 |  |
| (Assistant Examiner) (Date)  |          |   |        | <br>PAMELA R. SCHWARTZ<br>PRIMARY EXAMINER |                                   |       |      | Total Claims Allowed: 22 |                 |  |
| <br>(Legal Instruments Examiner) (Date) |          |   |        |   |                                   |       |      | O.G. Print Claim(s)      | O.G. Print Fig. |  |
|  |          |   |        | (Primary Examiner) (Date)   |                                   |       |      | 1                        |                 |  |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant |          | <input type="checkbox"/> CPA |          | <input type="checkbox"/> T.D. |          | <input type="checkbox"/> R.1.47 |          |
|--|----------|------------------------------|----------|-------------------------------|----------|---------------------------------|----------|
| Final  | Original | Final                        | Original | Final                         | Original | Final                           | Original |
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